MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118838

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville; MARYLAND Md.; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) I; (Last) Cuppett

4. DATE OF DEATH: (Month) 9 — (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-22-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress & housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Riley

14. MOTHER'S MAIDEN NAME: VanSickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown): No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): Friendsville (COUNTY): Garrett (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 29, 1949, to Sept 1, 1949, that I last saw the deceased alive on Aug 31, 1949, and that death occurred at 12:50 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): H. I. Glover M.D. ADDRESS: Friendsville, Md DATE SIGNED: September 2 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE: Sept. 3 1949 | NAME OF CEMETERY OR CREMATORY: Friendsville | LOCATION (City, town, or county) (State): Friendsville Md

DATE REC'D BY LOCAL REG.: Sept 3 1945 | REGISTRAR'S SIGNATURE: Mrs. Kathryn Fike. | 24. FUNERAL DIRECTOR AND ADDRESS: W. W. Savage, Friendsville Md

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08839

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park,
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------Loch Lynn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park,
STREET ADDRESS (If rural, give location) Loch Lynn

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Dever

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 6/12/1867

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Harvey Wolum

14. MOTHER'S MAIDEN NAME Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS Mrs. Walter Dever - Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

422.1 Antecedent cause(s) (b) Arteriosclerotic Cardiovascular Disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 4-5 Days many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 26 Sept, 1949, that I last saw the deceased alive on 23 Sept, 1949, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas F. Lusby M. D.

ADDRESS Oakland, Md.

DATE SIGNED 26 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9/28/49

NAME OF CEMETERY OR CREMATORY Bayard Cemetery

LOCATION (City, town, or county) (State) Bayard, W. Va.

DATE REC'D BY LOCAL REG. 9-28-49

REGISTRAR'S SIGNATURE Julia A. Riwan

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08840

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton (Rural) — LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 313 Garland St ✓

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) CHESSTOWN (Last) GETSINGER JR.

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 2-1899

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of wrk done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: News supply

11. BIRTHPLACE (State or foreign country): Bellevue, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lowe C. Getsinger

14. MOTHER'S MAIDEN NAME: Catherine Faker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 168-07-3253

17. INFORMANT: Mrs L.C. Getsinger-jr. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): C. D. Baumgartner M D — ADDRESS: Oakland Md — DATE SIGNED: 9/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 9/28/1949 — NAME OF CEMETERY OR CREMATORY: Homewood Crematorium — LOCATION (City, town, or county): Pittsburgh. — (State): Pa.

DATE REC'D BY LOCAL REG. 9-25-49 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: Emory D. Bolden — ADDRESS: Oakland, Md

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08841

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maroney Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Isobelle (Middle) Hunter (Last) Hardie
4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 8/19/1863
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Allen Hardie
14. MOTHER'S MAIDEN NAME: Margaret Coeler Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Bridget Maroney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 Days
422.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial Heart Disease — 4 years
93d
(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1946, to 1 Sept, 1949, that I last saw the deceased alive on 1 Sept, 1949, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A. E. Mance MD — Oakland Md — 2 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/5/49
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 9-5-49
REGISTRAR'S SIGNATURE: Julia A. Howard
24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

08842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Jennings
LENGTH OF STAY (in this place) 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Jennings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) Elizabeth (Last) Hoover

4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 8-20-1864

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Rural Near Jennings Md

12. CITIZEN OF WHAT COUNTRY? Md.

13. FATHER'S NAME John Bittinger

14. MOTHER'S MAIDEN NAME Mary Spiker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs John Willburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to Sept 23, 1949, that I last saw the deceased alive on Sept 18, 1949, and that death occurred at 11.15 a.m., from the causes and on the date stated above.

SIGNATURE N. R. Davis (Degree or title) M.D. ADDRESS Grantsville Md DATE SIGNED Sept 24 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-25-1949

NAME OF CEMETERY OR CREMATORY Hoover Cemetary

LOCATION (City, town, or county) (State) Rural Near Jennings Md

DATE REC'D BY LOCAL REG. Sept 24/49

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08843

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Garrett — Oakland, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	LENGTH OF STAY (in this place): 55 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Amos	Johnson, Sr.		9	8	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/9/1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Laundry Machinery	Harrisville, W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rev. John Edward Johnson	Nancy Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	722-05-4855	Mrs. Wm. A. Johnson, Oakland, Md.

177
51b

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia.	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma - generalized	2 years
	(c) Carcinoma Prostate +	3 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture Rt femur - Pathologic	9 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 31 May, 1948, to 8 Sept, 1949, that I last saw the deceased alive on 7 Sept, 1949, and that death occurred at 4:10 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Manier	M D	Oakland Md	10 Sept 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/49	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10-49	Julia B. Cowan	Emroy D. Bolden	

RECEIVED
SEP 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08844

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Schlosnagle

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 20, 1874

9. AGE last birthday: 74 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Schlosnagle

14. MOTHER'S MAIDEN NAME: Catherine Frantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Congestive Heart Failure	2 do.
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	"
	(c) Hypertrophic Arthritis	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1949, to Sept 29, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. J. Shaw M.D. ADDRESS: Friendsville, Md DATE SIGNED: Sept 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: Oct-1-49 | NAME OF CEMETERY OR CREMATORY: Friendsville | LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG.: Oct 1-1949 | REGISTRAR'S SIGNATURE: Mrs. Kathryn Fike.

24. FUNERAL DIRECTOR: H. W. Savage ADDRESS

RECEIVED
OCT 5 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08845

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Rural Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred: ----

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 7 Mi. S W Mt. Lake Park
(If rural, give LOCATION)

2.(a) If veteran, name war: -----

3. (a) FULL NAME

Roxie Shreve

3. (b) Social Security Number

-----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: ----

6.(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): July 27, 1892

8. AGE:

Years	Months	Days	If less than one day
57	1	19	..... hrs. ..... min.

9. Birthplace: Pendleton County, W. Va.
(Town, county, and state)

10. Usual occupation: House keeper

11. Industry or business: Own Home

FATHER
12. Name: Benjamine Shreve
13. Birthplace:

MOTHER
14. Maiden name: Hannah Ketterman
15. Birthplace:

16. Informant: Gabriel Shreve

Address: R. D. Mt. Lake Park, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Sept. 17, 1949
(month) (day) (year)

Cemetery or crematory: Shreve Cemetery

Location: 3 Mi. No. Gorman, Md.

18. Funeral director: Herbert C. Leighton

Address: Oakland, Maryland.

19. Sept 17, 1949 (Date rec'd by registrar) Julia A. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 14, 1949, at 4:00P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 10th 1949, to Sept 14th 1949 and that I last saw her alive on Sept 15th 1949

Immediate cause of death: Lobar Pneumonia

Due to: —

Due to: —

Other conditions: Heart failure

490
108

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: J. W. Wenzel M.D. M. D. or other

Address: Oakland Md. Date signed: 23-16-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 24 1949
BUREAU V. S.

08846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bloomington Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Bloomington Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William C. Tichnell

4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 4-55
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joshua Tichnell
14. MOTHER'S MAIDEN NAME Ara Kight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Irvin S. Tichnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
196	Immediate cause	(a) Hemorrhage & malnutrition	1 month
45d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of lower jaw	6 months
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sep 2, 1949, that I last saw the deceased alive on Aug 31, 1949, and that death occurred at 9 30 p m., from the causes and on the date stated above.

SIGNATURE James H Wilkerson Jr (Degree or title) MD ADDRESS Piedmont DATE SIGNED W. Va

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 5, 1949
NAME OF CEMETERY OR CREMATORY Tichnell Cemetery
LOCATION (City, town, or county) Chestnut Grove Garr (State) Md.

DATE REC'D BY LOCAL REG. 9-8-49
REGISTRAR'S SIGNATURE Mr. Dorsey Pattison Jr
24. FUNERAL DIRECTOR [illegible] Fridlock ADDRESS Piedmont Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08847

Reg. Dist. No. 167

1. PLACE OF DEATH:

County: Garrett

City or town: Rural, Gormania, West Va.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrette

City or town: Rural Gormania, West Va.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: David Francis WILT

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Arletta Culp Wilt

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): January 1, 1876

8. AGE:

Years	Months	Days	If less than one day
73	8	27	..... hrs. ..... min.

9. Birthplace: Preston County, West Va.
(Town, county, and state)

10. Usual occupation: Lumberman

11. Industry or business: Lumber

FATHER
12. Name: Christopher Wilt
13. Birthplace: Maryland

MOTHER
14. Maiden name: Caroline McFadden
15. Birthplace: West Va.

16. Informant: Mrs. D. F. Wilt,
Address: RFD Gormania, West Va.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 1, 1949 (month) (day) (year)

Cemetery or crematory: Bayard Cem.

Location: Bayard, West Va.

18. Funeral director: J. D. Duncan
Address: Thomas, West Va.

19. 9/29 1949 Elmer C. Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 28 1949, at 4 p.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949, to September 1949 and that I last saw him alive on September 7, 1949

Immediate cause of death: Myocardial failure — DURATION: 3 weeks

Due to: Arteriosclerotic coronary disease — 2 yrs.

Due to: 420.1

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harold C. Miller, M.D.
M. D. or other

Address: Eglon, W. Va. Date signed: Sept. 29, 1949

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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RECEIVED
OCT 3 1949
BUREAU V. S.